

Important: When filling out forms on the computer, use only the tab key to move your cursor - do not use the return

key.

## **Massachusetts Department of Environmental Protection** Bureau of Resource Protection - Wetlands

**Boxford** City/Town

## WPA Form 1- Request for Determination of Applicability

Massachusetts Wetlands Protection Act M.G.L. c. 131, §40 Boxford Wetlands Protection Bylaw, Town Code Ch. 192 & 375

#### A. General Information

| 1. | Applicant:                     |  |                       | Marisa - marisakfitz@gmail.com Marshall - mireland7@gmail.com  E-Mail Address |                        |          |  |  |
|----|--------------------------------|--|-----------------------|---|------------------------|----------|--|--|
|    | Marisa & Marshall Ireland Name |  |                       |   |                        |          |  |  |
|    |                                | Moonpenny Drive  |                       | E Maii Addi Goo   | ,                      |          |  |  |
|    | Mailing Address Boxford        |  |                       |   | MA                     | 01921    |  |  |
|    | City                           | //Town   |                       |   | State                  | Zip Code |  |  |
|    |                                | arisa Cell - 978-914-2289  | Marshall Cell - 978-4 | n/a   |                        |          |  |  |
|    | Pho                            | one Number   |                       | Fax Number (if  | applicable)            |          |  |  |
| 2. | Re                             | Representative (if any):   |                       |   |                        |          |  |  |
|    | Firn                           | n  |                       |   |                        |          |  |  |
|    | Contact Name                   |  |                       | E-Mail Address  |                        |          |  |  |
|    | Mai                            | ling Address   |                       |   |                        |          |  |  |
|    | City/Town                      |  |                       |   | State                  | Zip Code |  |  |
|    | Phone Number                   |  |                       | Fax Number (if  | applicable)            |          |  |  |
|    |                                |  |                       |   |                        |          |  |  |
| B. | D                              | eterminations  |                       |   |                        |          |  |  |
| 1. |                                | I request the make the following determination(s). Check any that apply:   |                       |   |                        |          |  |  |
| ٠. | Conservation Commission        |  | make the following    | determination(  | one on any that appry. |          |  |  |
|    |                                | a. whether the <b>area</b> depicted on plan(s) and/or map(s) referenced below is an area subject to jurisdiction of the Wetlands Protection Act.                   |                       |   |                        |          |  |  |
|    |                                | b. whether the <b>boundaries</b> of resource area(s) depicted on plan(s) and/or map(s) referenced below are accurately delineated.                                 |                       |   |                        |          |  |  |
|    |                                | c. whether the <b>work</b> depicted on plan(s) referenced below is subject to the Wetlands Protection Act.   |                       |   |                        |          |  |  |
|    |                                | d. whether the area and/or work depicted on plan(s) referenced below is subject to the jurisdiction of any <b>municipal wetlands ordinance</b> or <b>bylaw</b> of: |                       |   |                        |          |  |  |
|    |                                | Name of Municipality   |                       |   |                        |          |  |  |
|    |                                | e. whether the following <b>scope of alternatives</b> is adequate for work in the Riverfront Area as depicted on referenced plan(s).                               |                       |   |                        |          |  |  |
|    |                                |  |                       |   |                        |          |  |  |

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### C. Project Description

| 1. | . a. Project Location (use maps and plans to identify the location of the area subject to this reques       |                         |      |  |  |  |  |  |
|----|---|-------------------------|------|--|--|--|--|--|
|    | 20 Moonpenny Drive  |                         |      |  |  |  |  |  |
|    | Street Address  |                         |      |  |  |  |  |  |
|    | Assessors Map/Plat Number   |                         |      |  |  |  |  |  |
|    | b. Area Description (use additional paper, if necessary):   |                         |      |  |  |  |  |  |
|    | Backyard, in front of existing deck. See additional documents "Page A and Map" for rough detailed           |                         |      |  |  |  |  |  |
|    | drawing.  |                         |      |  |  |  |  |  |
|    |   |                         |      |  |  |  |  |  |
|    | Note: Possibility of adding in a lower deck to then tie into existing deck to access the pool in the future |                         |      |  |  |  |  |  |
|    | late 2021 or 2022.  |                         |      |  |  |  |  |  |
|    |   |                         |      |  |  |  |  |  |
|    | c. Plan and/or Map Reference(s):  |                         |      |  |  |  |  |  |
|    | 20 Moonpenny Drive Map.pdf - shows the most recent Title 5 ma   | Original Date 5/15/2018 |      |  |  |  |  |  |
|    | Title   |                         | Date |  |  |  |  |  |
|    | Title   |                         | Date |  |  |  |  |  |
|    | Title   | Date                    |      |  |  |  |  |  |
| 2. | a. Work Description (use additional paper and/or provide plan(s) of work, if necessary):                    |                         |      |  |  |  |  |  |
|    | Homeowners to themselves Install an above ground pool and filter pump.                                      |                         |      |  |  |  |  |  |
|    | Electrical will be completed by an electrician once one has been chosen.                                    |                         |      |  |  |  |  |  |
|    |   |                         |      |  |  |  |  |  |
|    | See additional "Page A & Map" document for drawing made to the best of our ability.                         |                         |      |  |  |  |  |  |
|    |   |                         |      |  |  |  |  |  |
|    |   |                         |      |  |  |  |  |  |
|    |   |                         |      |  |  |  |  |  |
|    |   |                         |      |  |  |  |  |  |

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#### C. Project Description (cont.)

| S         | See "Map", included on map in "green" is the are we'd like to place the pool.  Making sure we place it beyond the 25 ft boundary as to not disturb the wetlands.   |  |  |  |  |  |
|-----------|--|--|--|--|--|--|
| N         |  |  |  |  |  |  |
|           |  |  |  |  |  |  |
|           | If this application is a Request for Determination of Scope of Alternatives for work in the verfront Area, indicate the one classification below that best describes the project.  |  |  |  |  |  |
| X         | Single family house on a lot recorded on or before 8/1/96  |  |  |  |  |  |
|           | Single family house on a lot recorded after 8/1/96   |  |  |  |  |  |
|           | Expansion of an existing structure on a lot recorded after 8/1/96  |  |  |  |  |  |
|           | Project, other than a single family house or public project, where the applicant owned the lot before 8/7/96   |  |  |  |  |  |
|           | New agriculture or aquaculture project   |  |  |  |  |  |
|           | Public project where funds were appropriated prior to 8/7/96   |  |  |  |  |  |
|           | Project on a lot shown on an approved, definitive subdivision plan where there is a recorded decrestriction limiting total alteration of the Riverfront Area for the entire subdivision  |  |  |  |  |  |
|           | Residential subdivision; institutional, industrial, or commercial project  |  |  |  |  |  |
|           | Municipal project  |  |  |  |  |  |
|           | District, county, state, or federal government project   |  |  |  |  |  |
|           | Project required to evaluate off-site alternatives in more than one municipality in an Environmental Impact Report under MEPA or in an alternatives analysis pursuant to an application for a 404 permit from the U.S. Army Corps of Engineers or 401 Water Quality Certification from the Department of Environmental Protection. |  |  |  |  |  |
| b.<br>abo | Provide evidence (e.g., record of date subdivision lot was recorded) supporting the classification ove (use additional paper and/or attach appropriate documents, if necessary.)   |  |  |  |  |  |
| Н         | ouse was built in the 1972   |  |  |  |  |  |

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### Massachusetts Department of Environmental Protection

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Citv/Town

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#### D. Signatures and Submittal Requirements

I hereby certify under the penalties of perjury that the foregoing Request for Determination of Applicability and accompanying plans, documents, and supporting data are true and complete to the best of my knowledge.

I further certify that the property owner, if different from the applicant, and the appropriate DEP Regional Office were sent a complete copy of this Request (including all appropriate documentation) simultaneously with the submittal of this Request to the Conservation Commission.

Failure by the applicant to send copies in a timely manner may result in dismissal of the Request for Determination of Applicability.

| Name and address of the property owner:  |          |  |  |  |  |  |
|--|----------|--|--|--|--|--|
| Marisa Ireland   |          |  |  |  |  |  |
| Name   |          |  |  |  |  |  |
| 20 Moonpenny Drive   |          |  |  |  |  |  |
| Mailing Address  |          |  |  |  |  |  |
| Boxford  |          |  |  |  |  |  |
| City/Town  |          |  |  |  |  |  |
| MA   | 01921    |  |  |  |  |  |
| State  | Zip Code |  |  |  |  |  |
| Signatures:  I also understand that notification of this Request will be placed in a local newspaper at my expense in accordance with Section 10.05(3)(b)(1) of the Wetlands Protection Act regulations. |          |  |  |  |  |  |
| A prisa Geland   | 8/5/2020 |  |  |  |  |  |
| Signature of Applicant   | Date     |  |  |  |  |  |
|  |          |  |  |  |  |  |
| Signature of Representative (if any)   | Date     |  |  |  |  |  |

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